OCT 0 9 2009 nday he Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Feasy ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		18). L	Complete if Known						
-1122			Application Number	10/632,117					
FEE TRANSMITTAL			Filing Date	7/31/2003					
for FY 2007		ſ	First Named Inventor	Hilda E. Smith					
Applicant claims small entity status. See 37 CFR 1.27		, I	Examiner Name	J. Hines					
		1	Art Unit	1645					
TOTAL AMOUNT OF PAYMEN	(\$) 130.00	F	Attorney Docket No.	2183-6055US					
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :									
☑ Deposit Account Deposit Account Number: 20-1469 Deposit Account Name: TraskBritt, PC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments									
Under 37 CFR 1	.16 and 1.17		—						
WARNING: Information on this form information and authorization on PT		ard info	rmation should not b	e included on thi	s form. Provide cre	edit card			
FEE CALCULATION									
1. BASIC FILING, SEARCH,	AND EXAMINATION F	FES		-					
			RCH FEES	EXAMII	NATION FEES				
	Small Entity		Small Entit	-	Small Entity				
Application Type Fee		Fee(<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Paid (\$)			
Utility 300	150	500	250	200	100				
Design 200	100	100	50	130	65				
Plant 200	100	300	150	160	80				
Reissue 300	150	500	250	600	300				
Provisional 200	100	0	0	0	0				
2. EXCESS CLAIM FEES						Small Entity			
Fee Description					Fee (\$)	Fee (\$)			
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)					50 200	25 100			
Multiple dependent claims	(including Reissues)				360	180			
	tra Claims Fee(\$)		Fee Paid (\$)			Dependent Claims			
20 or HP=	x	=			Fee (\$)				
HP = highest number of total cla	ms paid for, if greater than 20.								
Indep. Claims Ext	tra Claims Fee(\$)		Fee Paid (\$)						
- 3 or HP=	x	=							

3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee	(\$) Fee Paid (\$)						
100 = / 50 = (round up to a whole number) x	=						
4. OTHER FEE(S)	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): Petition for Extension of Time	\$ <u>130.00</u>						

HP = highest number of independent claims paid for, if greater than 3.

SUBMITTED BY	\bigcap			
Signature	MUM	Registration No. (Attorney/Agent) 33,041	Telephone	801-532-1922
Name (Print/Type)	Allen C. Turner		Date	October 9, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.